

I. Name of Lobbyist(s) Robert Clegg

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

for LOBBYISTS (RSA Chapter 15) PLEASE PRINT

Legislative Solutions, I	L.C.		
(Name of partnership, firm or c	orporation)		
P.O. Box 10724	Bedford	NH	03110
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603- 860-3682)	e-mail senclegg@aol.com	
(Telephone)	(Fax)	c-man consider	
III. This statement covers: (Choose one – fill reportable expense transactions which are it.) All reportable transactions occurring in the	not attributable to an	y one client).	
Granite Case	Management		
(Full Name of Client as i		st Registration Form)	
<u>OR</u>			
☐ All reportable transactions by the lobbyist (unrelated to any particular client.	including the lobbyist	's family), or the lobbyin	g firm listed below whi
V. Date of Report April 25, 2018		July 25, 2018	
Reports cover: activity from date of registratio	n to 3/31/18 ac	tivity from 4/1/18 to 6/30/18	8
October 31, 2018 activity from 7/1/18 to 9/3	0/18 ac	January 30, 2019 \square activity from 10/1/18 to 12/31/18	
V. There have been no fees received and If this box is checked, complete just this form a Concord, NH 03301.	l no reportable trained submit it to the Sec	nsactions made since to cretary of State's Office, it	t he last report. State House, Room 204,
VI. Check if additional reports are attached	•		
If you have received fees or made expendi		ddendum A – Fees and E	expenses
If you have paid an honorarium or reimbur Expense Reimbursement			
☐ If you, your firm, or your family has made	political contribution	s, you must file Addend t	ım C– Political Contrib
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete to the best of my knowledge and		swear or affirm that the	foregoing information i
Xoly Yellus		April 9, 2018	
(Signature of lobbyist)		(Da	te)
Robert Clegg (Print Name of lobbyist)			